

Stress Monitor

Name: Client A.M.

Date: 23 / 05 / 08

Consider how you have felt over the past year / ~~quarter~~ / ~~month~~ and rate your response to the following statements

	never 0 points	rarely 1 point	sometimes 2 points	fairly often 3 points	always 4 points
I have difficulty sitting still or concentrating on my work/studies			✓		
I take prescribed medication directly or indirectly related to stress				✓	
I have difficulty getting to sleep or staying asleep at night		✓			
I have muscle tension or pain, especially in my back, shoulders, arms or neck		✓			
I drink alcohol or use drugs to help me relax			✓		
I feel tired or lack energy			✓		
I clench my hands and/or my teeth			✓		
I have constipation or diarrhea		✓			
I have headaches			✓		
I experience mood swings or get angry/upset easily		✓			
I feel nervous/anxious or get panic attacks		✓			
I experience shortness of breath or asthma		✓			
I lose my appetite, or overeat		✓			
I have a lot of pressure at work/home		✓			
I feel depressed			✓		
Total				/ 60	

Circle the appropriate response

Identify the areas you feel tension/pain

How many cigarettes do you smoke?

never smoke rarely smoke pack a week pack every day or two two packs a day

How many cups of coffee/tea or energy drinks do you drink a day?

0 1 2 3-4 5+

How often do you exercise?

every day every few days once a week hardly ever never

